

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

COMMUNITY SECLUSION AND RESTRAINT REPORTING FORM
REPORTING YEAR 2011

Name of Organization: _____ Date: _____

Date Episode Initiated	Type of Procedure	Rationale	Duration

Date Initiated: Date the individual was placed in seclusion or restraint.

Type of Procedure: Select from one of the following: Seclusion, Physical Restraint, Mechanical Restraint, or Pharmacologic Restraint.

Rationale: Select from one of the following: Behavioral, Medical, or Protective.

Duration: The time the individual was placed in restraints until the terminal release time. The terminal release time is the time the individual is released from seclusion and restraint and is not placed back in the restriction under the same order and no continuation order for the procedure is given.

Attach additional pages, as necessary, and mail or fax this form annually, prior to January 15, to:

Carolyn Lankford, Office of Quality Management
VA Department of BHDS
PO Box 1797
Richmond, VA 23218-1797
FAX: 804.786.8623

(Mr. Daye, the Regional Advocate, has also requested a copy of this report be sent to his office)